



Introduction the Continuous Quality Improvement (CQI) process

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Introduction



“Quality is never an accident, it is always the result of intelligent effort”

John Ruskin

What is Continuous Quality Improvement?

- system that seeks to improve the provision of services with an emphasis on future results
- uses a set of statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process
- the complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from and revising solutions
- a theory-based management system that looks at processes/outcomes
- driven by data
- long-term approach



Why CQI is important?

- CQI philosophy is that most things can be improved.
- Meaningful CQI efforts recognize that one learns as much from challenges and failures as from successes.
- Our goal is to provide the best possible services to the children and families that we serve.
- Through data review and analysis, benchmark data will offer new knowledge about potential challenges with program implementation and inform programs about training and technical assistance needs.
- The use of CQI methods in the MIECHV program is intended to improve program implementation and participant outcomes.

What are the key elements of CQI?

- Accountability
- Driven by good management
- Driven by input from all levels of staff and stakeholders
- Teamwork
- Continuous review of progress



What are goals and objectives of CQI?

- Ensure safe environment and high quality of services
- Meet external standards and regulations
- Assist programs and services to meet annual goals and objectives
- Include internal and external stakeholders in the quality improvement process
- Identify strong and weak areas of the program implementation, and carefully prioritize identified problems and set goals for their resolution
- Achieve measurable improvement in the highest priority areas
- Develop strategies and steps to improve weak areas of performance
- Develop and incorporate new knowledge and practices in a data-driven manner
- Continuously improve services based on lessons learned and best practice
- Strength referral networks to support families

CQI vs. QA

- ✓ “Quality Assurance is the planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.”
- ✓ “Continuous improvement is an ongoing effort to improve products, services or processes. These efforts can seek “incremental” improvement over time or “breakthrough” improvement all at once.”

American Society for Quality

	QA	QI
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention, monitor over time
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers or “bad apples”, individuals	Processes, systems, majority
Players	Selected departments	Organization wide, benchmarking
Disciplines	Within profession	Multidisciplinary approach
Scope	Medical profession focused	Patient care focused
Responsibility	Few	All

Based on you experience and practice:

- ❖ Do you experience quality improvement process in your site?
- ❖ Is it a challenge? What lessons have you learned?
- ❖ What is the best way to implement the CQI process in your site?

Culture of Quality

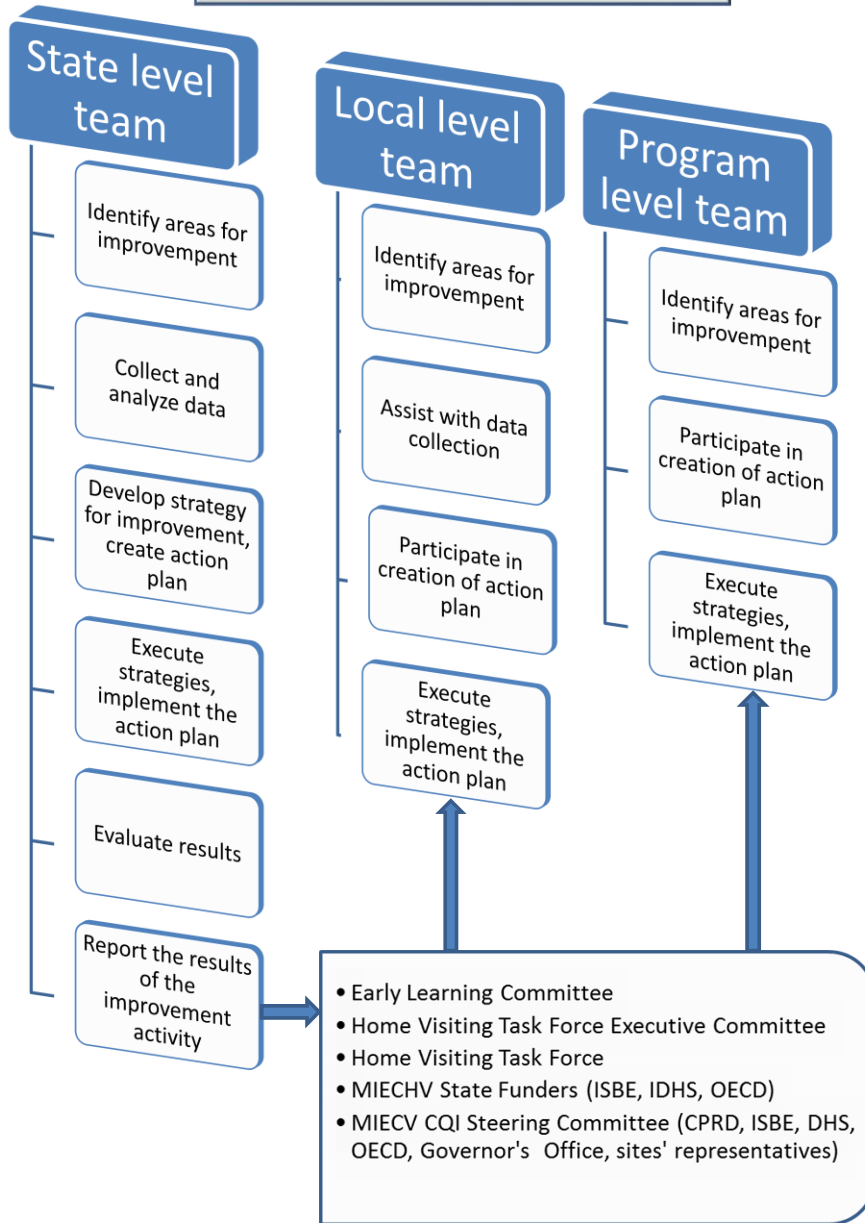
- Attitude
- Transparency
- Data -driven
- Organizational commitment
- Understanding of current culture
- Outcomes oriented



Core Concepts of CQI

- Quality is defined as meeting and/or exceeding the expectations of the clients
- Success is achieved through meeting the needs of those we serve.
- Most problems are found in processes, not in people. CQI does not seek to blame, but rather to improve processes.
- Unintended variation in processes can lead to unwanted variation in outcomes, and therefore we seek to reduce or eliminate unwanted variation.
- It is possible to achieve continual improvement through small, incremental changes using the scientific method.
- Continuous improvement is most effective when it becomes a natural part of the way everyday work is done.

CQI PROCESS MAP



Illinois MIECHV CQI Model



Define

- Identify areas to be improved
- Define indicators for improvement

Collect

- Collect data
- Measure indicators

Analyze

- Review data
- Analyse results and outcomes

Develop

- Develop strategy for improvement
- Determine preferred outcomes and goals
- Create action plan for improvement

Implement

- Execute the strategies
- Implement the action plan

Evaluate

- Evaluate results and success of the improvement activity
- Go back to the first step

MIECHV CQI Team Chart

State level team

- Early Learning Committee
- Home Visiting Task Force Executive Committee
- Home Visiting Task Force
- MIECHV State Funders (ISBE, IDHS, OECD)
- MIECV CQI Steering Committee (CPRD, ISBE, DHS, OECD, Governor's Office, sites' representatives)

Local level team

- One CQI representative from each site
- MIECHV sites (6 communities)
- Home Visitors and Supervisors

Program level team

- Early Head Start
- Health Families America
- Nurse- family Partnership
- Parents as Teachers

CQI Meetings and Trainings

State Team Meetings:

- In person meetings will be held annually to review progress, presentation of CQI impact will be given at this time to the state level Stake holders as well
- Quarterly online meetings will be held to discuss data results and use in ongoing quality improvement projects
- Quarterly reports will be prepared for the State and local agencies

Local CQI Meetings:

- Site's will meet monthly to discuss CQI efforts, progress, and next steps
- Home visitors and Supervisors will work on an ongoing basis with ad hoc reports run at the “opportunity” level

Program CQI Meetings:

- The State Programs have existing CQI programs, results and efforts from this will be reported to the State and local level on an ongoing basis
 - Local sites all operate model programs and would already be incorporating the changes made at the program level.

Based on you experience and practice:

- ❖ How to motivate all home visitors to participate in Continuous Quality Improvement initiatives?
- ❖ How to promote the culture of quality in your site?

State level CQI team will be responsible to:

- Establish measurable objectives based upon the benchmarks and constructs
- Develop and update the CQI plan annually to ensure continuous development of the indicators
- Identifying indicators of quality on a priority basis (starting small, focused on individual topics).
- Continuously ensure that the MIECHV program provides quality services in a safe, effective, recipient-centered and equitable way
- Guide implementation of quality improvement activities of the MIECHV Program
- Implement a statewide CQI framework
- Collect and constructive use the data in order to promote a high-learning, high-performance, results-oriented MIECHV Program
- CPRD CQI staff member will serve as a coach for the sites with regular large group, small group, and face to face meetings
- Implement the Illinois MIECHV CQI Model for improvement
- Conduct quarterly and annual CQI reports
- Meet quarterly to review and plan CQI activities
- Conduct CQI trainings
- Develop strategies for improvement and execute them
- Evaluate the results quarterly and annually

MIECHV Sites CQI Representatives will be responsible at their individual sites for:

- Monitoring fidelity of program implementation
- Promoting a culture of quality using short-term/annual plans that support long-term strategic quality goals
- Encouraging service delivery processes that have been shown to contribute to good outcomes
- Implementing and maintaining local data systems that support ongoing CQI
- Reporting on participant satisfaction and outcomes

Local level CQI team will be responsible for:

- Identify areas for improvement
- Supporting implementation of quality improvement activities of the MIECHV Program
- A culture that promotes excellence and continual improvement
- Identify representatives for the CQI state level team
- Participate in CQI trainings
- Assist with data collection

Program level CQI team will be responsible for:

- Fidelity of Implementation
- Adaptation of model to local needs
- Examine the relationship between implementation fidelity and adaptation on client retention
- Examine the data for modification or implementation of curriculum program wide

MIECHV steering committee and Illinois Home Visiting Task Force will:

- Review quarterly and annual CQI reports, which summarize performance on the key indicators associated with processes and outcomes
- Review, evaluate and approve the CQI plan annually
- Engage in CQI activities through the representatives in the State level CQI team
- Prioritize improvement targets
- Decide on distribution of resources to support CQI activities
- Consult the state team
- Assess of the Effectiveness of the CQI Process

CQI Data Collection

Data integrity is paramount to CQI

- The first step in our CQI will be to ensure we are getting good quality data
- Once we are certain the quality of the data is acceptable, we will examine it to see what it's telling us

Data is collected by two distinct groups

- Home visitors are responsible for collecting all case and process data
- The Center for Prevention Research and Development (CPRD) is responsible for collecting outcome data
 - Independent collection of outcome data reduces bias
 - This is especially important in new program improvement efforts given the high stakes for improvement.
 - Independent collection of outcome data also reduces the work load on the home visitors, CQI should improve program quality, but increased work and stress can have the opposite effect.

CQI Data reporting

- Data collected will be aggregated or summarized using tables that sum or average the data
- Results will be presented in narrative form with chart work done so everyone can see a picture of the results.
- The findings will be documented and the next steps that come out of the analyses will be listed.
- Reports will be produced on a regular basis and reflect important aspects of service processes and outcomes.
- The CQI reports will capture both quantitative and qualitative data around the CQI activities
- Quarterly CQI reports will build upon the evaluation plans for the CQI activities to ensure data is collected in a timely method and accountability is maintained
- Annual CQI reports will aggregate the quarterly CQI report data, with over-arching themes identified and summarized.
- The federally-mandated annual report of demographic, service utilization, process indicator and benchmark data and annual CQI report, together, will allow a richer picture to be developed about the strengths and opportunities for improvement within the MIECHV network and how best to share lessons learned both across and outside the network.
- The quarterly and annual CQI reports will be disseminated throughout the MIECHV stakeholders to insure transparency and to invite comment and suggestions for additional improvements. Reports will be used to track performance and outcomes.

Based on you experience and practice:

- ❖ What are the strong and weak areas of the MIECHV program?
- ❖ What are the possible areas for improvement?
- ❖ How to improve those areas?

State goals:

- Identify the barriers to referral services and work to formalize and implement plans for removing those barriers
- Identify referral resources for home visiting services and expand options/identify holes
- Look at priority populations being met/targeted

Identify the barriers to referral services and work to formalize and implement plans for removing those barriers

- Discuss at the State meeting the importance of home visiting services in coordinating referrals to external resources for families, and how that should operate.
- Review data on referral services to external agencies
- Review number of people who receive a referral relative to total number identified as needing referral
- Review number of referred participants who complete the referral
- Discuss at the site level the current state of the rates/numbers, the possible reasons for why they look the way they do, and to discuss ways to identify the barriers to referrals and referral completion
 - Give special focus to drugs, alcohol, and domestic violence as screened via the 4p's, etc.
- Develop a plan to identify barriers to referrals, a plan to address those barriers, and a set of goals and timelines for reviewing the data relative to the implementation of this plan
- Report back to the state team on progress

Identify referral resources for home visiting services and expand options/identify holes (community development)

- Discuss the relationship between identified home visiting referral resources and ability to make completable referrals
Review data at the site level on number of referral agencies with MOU, develop list of agency holes for referral needs
- Develop and implement plan to identify barriers to increasing MOU's, improve number of referral agencies, and comprehensively identify resource holes for referral services that need to be brought to the state team.
- Bring results of local efforts back to the state team, develop state plan for leveraging referral resources lacking in communities, policy change, requests, etc.

Look at priority populations being met/targeted (coordinated intake)

- Discuss with the state team the reason for priority populations and why they should be focused on for home visiting services
- Review data on proportion of intake participants who fall into priority populations
- What are the barriers that may cause a lack of priority population participants?
- If barriers can't be identified, what information must be collected to identify barriers?
- Develop and implement a plan to identify barriers, remove barriers, and monitor intake coordination around priority populations.
- Report back to the state team on local progress

Questions or concerns

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